

Union Calendar No. 365

113TH CONGRESS
2D SESSION

H. R. 4631

[Report No. 113-490]

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 9, 2014

Mr. SMITH of New Jersey (for himself, Mr. DOYLE, Mrs. McMORRIS RODGERS, Mr. VAN HOLLEN, Mr. SESSIONS, Mr. WOLF, Mr. STIVERS, Mr. MEEHAN, Mr. MORAN, Mrs. BLACKBURN, Mr. MILLER of Florida, Mrs. WALORSKI, Mr. LARSON of Connecticut, Ms. JACKSON LEE, Mr. HARPER, Mr. LANCE, Mr. MEADOWS, Mr. MARINO, Mr. DEUTCH, Mr. ROONEY, Mr. POMPEO, Mr. ADERHOLT, Mr. BACHUS, Mr. GIBSON, Mrs. MILLER of Michigan, Mr. YOUNG of Alaska, Mr. KING of New York, Ms. SHEA-PORTER, Ms. DELAURO, Mr. MURPHY of Pennsylvania, Mr. FITZPATRICK, Mr. TERRY, Mr. KELLY of Pennsylvania, Mr. YODER, and Mr. MATHESON) introduced the following bill; which was referred to the Committee on Energy and Commerce

JUNE 23, 2014

Additional sponsors: Mr. ROE of Tennessee, Ms. JENKINS, Mr. McGOVERN, Mr. ISRAEL, Ms. SLAUGHTER, Mr. VARGAS, Mr. DAVID SCOTT of Georgia, Mr. GRIMM, Mr. FORTENBERRY, Mr. BISHOP of Georgia, Ms. NORTON, Ms. ROYBAL-ALLARD, Mr. ELLISON, Mr. CARSON of Indiana, Mr. SCHOCK, Mr. DAINES, Mr. QUIGLEY, Mrs. CAPITO, Mr. HUFFMAN, Mr. FATTAH, Mr. MCINTYRE, Mr. LIPINSKI, Mr. PETERSON, Mr. BILIRAKIS, Mr. SHIMKUS, Mr. ROSKAM, Mr. BURGESS, Mr. GERLACH, Ms. SCHWARTZ, Mr. HOLDING, Mrs. CAROLYN B. MALONEY of New York, Mr. BRALEY of Iowa, Mr. SCHIFF, Ms. KAPTUR, Mr. GRIFFIN of Arkansas, Mr. HECK of Nevada, Mr. McKEON, Mrs. McCARTHY of New York, Mr. CARNEY, Mr. WELCH, Ms. ESTY, Ms. ESHOO, Mr. KENNEDY, Mr. SENSENBRENNER, Mr. JOYCE, Mr. KLINE, Mr. WALZ, Mrs. BUSTOS, Mr. HOLT, Mr. BARLETTA, Ms. BASS, and Ms. DUCKWORTH

JUNE 23, 2014

Reported with an amendment, committed to the Committee of the Whole House on the State of the Union, and ordered to be printed

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of introduced bill, see copy of bill as introduced on May 9, 2014]

A BILL

To reauthorize certain provisions of the Public Health Service Act relating to autism, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 **SECTION 1. SHORT TITLE.**

4 *This Act may be cited as the “Autism Collaboration,*
5 *Accountability, Research, Education, and Support Act of*
6 *2014” or the “Autism CARES Act of 2014”.*

7 **SEC. 2. NATIONAL AUTISM SPECTRUM DISORDER INITIA-**
8 **TIVE.**

9 (a) *IN GENERAL.—The Secretary of Health and*
10 *Human Services shall designate an existing official within*
11 *the Department of Health and Human Services to oversee,*
12 *in consultation with the Secretaries of Defense and Edu-*
13 *cation, national autism spectrum disorder research, serv-*
14 *ices, and support activities.*

15 (b) *DUTIES.—The official designated under subsection*
16 *(a) shall—*

17 (1) *implement autism spectrum disorder activi-*
18 *ties, taking into account the strategic plan developed*
19 *by the Interagency Autism Coordinating Committee*
20 *under section 399CC(b) of the Public Health Service*
21 *Act (42 U.S.C. 280i–2(b)); and*

22 (2) *ensure that autism spectrum disorder activi-*
23 *ties of the Department of Health and Human Services*
24 *and of other Federal departments and agencies are*
25 *not unnecessarily duplicative.*

1 **SEC. 3. RESEARCH PROGRAM.**

2 *Section 399AA of the Public Health Service Act (42*

3 *U.S.C. 280i) is amended—*

4 *(1) in subsection (a)(1), by inserting “for chil-*

5 *dren and adults” after “reporting of State epidemi-*

6 *logical data”;*

7 *(2) in subsection (b)(1)—*

8 *(A) by striking “establishment of regional*

9 *centers of excellence” and inserting “establish-*

10 *ment or support of regional centers of excel-*

11 *lence”; and*

12 *(B) by inserting “for children and adults”*

13 *before the period at the end;*

14 *(3) in subsection (b)(2), by striking “center to be*

15 *established” and inserting “center to be established or*

16 *supported”; and*

17 *(4) in subsection (e), by striking “2014” and in-*

18 *serting “2019”.*

19 **SEC. 4. AUTISM INTERVENTION.**

20 *Section 399BB of the Public Health Service Act (42*

21 *U.S.C. 280i–1) is amended—*

22 *(1) in subsection (b)(1), by inserting “culturally*

23 *competent” after “provide”;*

24 *(2) in subsection (c)(2)(A)(ii), by inserting*

25 *“(which may include respite care for caregivers of in-*

1 *dividuals with an autism spectrum disorder)” after
2 “services and supports”;*

3 *(3) in subsection (e)(1)(B)(v), by inserting before
4 the semicolon the following: “, which may include col-
5 laborating with research centers or networks to pro-
6 vide training for providers of respite care (as defined
7 in section 2901)”;*

8 *(4) in subsection (f), by striking “grants or con-
9 tracts” and all that follows through “for individuals
10 with” and inserting “grants or contracts, which may
11 include grants or contracts to research centers or net-
12 works, to determine the evidence-based practices for
13 interventions to improve the physical and behavioral
14 health of individuals with”; and*

15 *(5) in subsection (g), by striking “2014” and in-
16 serting “2019”.*

17 **SEC. 5. INTERAGENCY AUTISM COORDINATING COMMITTEE.**

18 *Section 399CC of the Public Health Service Act (42
19 U.S.C. 280i-2) is amended—*

20 *(1) in subsection (b)—*

21 *(A) in paragraph (1)—*

22 *(i) by striking “and annually update”;
23 and*

1 (ii) by striking “intervention” and in-
2 serting “interventions, including school and
3 community-based interventions”;

4 (B) by striking paragraph (2);

5 (C) by redesignating paragraph (1) as
6 paragraph (2), and inserting before such redesi-
7 gnated paragraph the following:

8 “(1) monitor autism spectrum disorder research,
9 and to the extent practicable services and support ac-
10 tivities, across all Federal departments and agencies,
11 including coordination of Federal activities with re-
12 spect to autism spectrum disorder;”;

13 (D) in paragraph (3), by striking “rec-
14 ommendations to the Director of NIH”;

15 (E) in paragraph (4), by inserting before
16 the semicolon the following: “; and the process by
17 which public feedback can be better integrated
18 into such decisions”; and

19 (F) by striking paragraphs (5) and (6) and
20 inserting the following:

21 “(5) develop a strategic plan for the conduct of,
22 and support for, autism spectrum disorder research
23 and services and supports for individuals with an au-
24 tism spectrum disorder and the families of such indi-
25 viduals, which shall include—

1 “(A) proposed budgetary requirements; and
2 “(B) recommendations to ensure that au-
3 tism spectrum disorder research, services, and
4 support activities of the Department of Health
5 and Human Services and of other Federal de-
6 partments and agencies are not unnecessarily
7 duplicative; and
8 “(6) submit to Congress and the President—
9 “(A) an annual update on the summary of
10 advances described in paragraph (2); and
11 “(B) an annual update to the strategic plan
12 described in paragraph (5), including any
13 progress made in achieving the goals outlined in
14 such strategic plan.”;

15 (2) in subsection (c)—
16 (A) in paragraph (1)—
17 (i) by striking the paragraph designa-
18 tion, the heading, and the matter preceding
19 subparagraph (A) and inserting the fol-
20 lowing:
21 “(1) **FEDERAL MEMBERSHIP.**—The Committee
22 shall be composed of the following Federal members—
23 ”;
24 (ii) in subparagraph (C)—

(I) by inserting “, such as the Administration for Community Living, Administration for Children and Families, the Centers for Medicare & Medicaid Services, the Food and Drug Administration, and the Health Resources and Services Administration” before the semicolon at the end; and

(II) by adding at the end “and”;

(iii) in subparagraph (D)—

(I) by inserting "and the Department of Defense" after "Department of Education"; and

(II) by striking at the end “; and”

and inserting a period; and

(iv) by striking subparagraph (E);

(ii) in the matter preceding subparagraph (A), by striking “Not fewer than 6 members of the Committee, or 1/3 of the total membership of the Committee, whichever is greater” and inserting “Not more

1 *than 1/2, but not fewer than 1/3, of the total
2 membership of the Committee”;*

3 *(iii) in subparagraph (A), by striking
4 “one such member shall be an individual”
5 and inserting “two such members shall be
6 individuals”;*

7 *(iv) in subparagraph (B), by striking
8 “one such member shall be a parent or legal
9 guardian” and inserting “two such mem-
10 bers shall be parents or legal guardians”;
11 and*

12 *(v) in subparagraph (C), by striking
13 “one such member shall be a representative”
14 and inserting “two such members shall be
15 representatives”; and*

16 *(C) by adding at the end the following:*

17 *“(3) PERIOD OF APPOINTMENT; VACANCIES.—*

18 *“(A) PERIOD OF APPOINTMENT FOR NON-
19 FEDERAL MEMBERS.—Non-Federal members
20 shall serve for a term of 4 years, and may be re-
21 appointed for one or more additional 4-year
22 terms.*

23 *“(B) VACANCIES.—A vacancy on the Com-
24 mittee shall be filled in the manner in which the
25 original appointment was made and shall not*

1 *affect the power or duties of the Committee. Any*
2 *member appointed to fill a vacancy for an unex-*
3 *pired term shall be appointed for the remainder*
4 *of such term. A member may serve after the expi-*
5 *ration of the member's term until a successor has*
6 *been appointed.”;*

7 (3) *in subsection (d)—*

8 (A) *by striking paragraph (2); and*
9 (B) *by redesignating paragraphs (3) and*
10 *(4) as paragraphs (2) and (3), respectively; and*
11 *(4) in subsection (f), by striking “2014” and in-*
12 *serting “2019”.*

13 **SEC. 6. REPORTS.**

14 *Section 399DD of the Public Health Service Act (42*
15 *U.S.C. 280i–3) is amended—*

16 (1) *in the section heading, by striking “RE-*
17 ***PORT*** *and inserting “**REPORTS**”;*

18 (2) *in subsection (b), by redesignating para-*
19 *graphs (1) through (9) as subparagraphs (A) through*
20 *(I), respectively, and realigning the margins accord-*
21 *ingly;*

22 (3) *by redesignating subsections (a) and (b) as*
23 *paragraphs (1) and (2), respectively, and realigning*
24 *the margins accordingly;*

1 (4) by inserting after the section heading the fol-
2 lowing:

3 “(a) *PROGRESS REPORT.*—”;

4 (5) in subsection (a)(1) (as so redesignated)—

5 (A) by striking “2 years after the date of
6 enactment of the *Combating Autism Reauthor-*
7 *ization Act of 2011*” and inserting “4 years after
8 the date of enactment of the *Autism CARES Act*
9 *of 2014*”;

10 (B) by inserting “and the Secretary of De-
11 fense” after “the Secretary of Education”; and

12 (C) by inserting “, and make publicly
13 available, including through posting on the
14 Internet Web site of the Department of Health
15 and Human Services,” after “Representatives”;

16 and

17 (6) in subsection (a)(2) (as so redesignated)—

18 (A) in subparagraph (A), (as so redesign-
19 nated), by striking “*Combating Autism Act of*
20 *2006*” and inserting “*Autism CARES Act of*
21 *2014*”;

22 (B) in subparagraph (B) (as so redesign-
23 nated), by striking “particular provisions of
24 *Combating Autism Act of 2006*” and inserting

1 “amendments made by the Autism CARES Act
2 of 2014”;

3 (C) by striking subparagraph (C) (as so re-
4 designated), and inserting the following:

5 “(C) information on the incidence and
6 prevalence of autism spectrum disorder, includ-
7 ing available information on the prevalence of
8 autism spectrum disorder among children and
9 adults, and identification of any changes over
10 time with respect to the incidence and prevalence
11 of autism spectrum disorder;”;

12 (D) in subparagraph (D) (as so redesi-
13 gnated), by striking “6-year period beginning on
14 the date of enactment of the Combating Autism
15 Act of 2006” and inserting “4-year period begin-
16 ning on the date of enactment of the Autism
17 CARES Act of 2014 and, as appropriate, how
18 this age varies across populations subgroups”;

19 (E) in subparagraph (E) (as so redesi-
20 gnated), by striking “6-year period beginning on
21 the date of enactment of the Combating Autism
22 Act of 2006” and inserting “4-year period begin-
23 ning on the date of enactment of the Autism
24 CARES Act of 2014 and, as appropriate, how
25 this age varies across populations subgroups”;

(F) in subparagraph (F) (as so redesignated), by inserting “and, as appropriate, on how such average time varies across populations subgroups” before the semicolon at the end;

(i) by striking “including by various subtypes,” and inserting “including by severity level as practicable;” and

(ii) by striking “child may” and inserting “child or other factors, such as demographic characteristics, may”; and

(H) by striking subparagraph (I) (as so re-designated), and inserting the following:

15 “(I) a description of the actions taken to
16 implement and the progress made on implemen-
17 tation of the strategic plan developed by the
18 Interagency Autism Coordinating Committee
19 under section 399CC(b).”; and

20 (7) by adding at the end the following new sub-
21 section:

22 “(b) REPORT ON YOUNG ADULTS AND TRANSITIONING
23 YOUTH—

24 “(1) IN GENERAL.—Not later than 2 years after
25 the date of enactment of the Autism CARES Act of

1 *2014, the Secretary, in coordination with the Sec-*
2 *retary of Education and in collaboration with the*
3 *Secretary of Transportation, the Secretary of Labor,*
4 *the Secretary of Housing and Urban Development,*
5 *and the Attorney General, shall prepare and submit*
6 *to the Committee on Health, Education, Labor, and*
7 *Pensions of the Senate and the Committee on Energy*
8 *and Commerce of the House of Representatives, a re-*
9 *port concerning young adults with autism spectrum*
10 *disorder and the challenges related to the transition*
11 *from existing school-based services to those services*
12 *available during adulthood.*

13 “(2) CONTENTS.—The report submitted under
14 paragraph (1) shall contain—

15 “(A) demographic characteristics of youth
16 transitioning from school-based to community-
17 based supports;

18 “(B) an overview of policies and programs
19 relevant to young adults with autism spectrum
20 disorder relating to post-secondary school transi-
21 tional services, including an identification of ex-
22 isting Federal laws, regulations, policies, re-
23 search, and programs;

24 “(C) proposals on establishing best practices
25 guidelines to ensure—

1 “(i) interdisciplinary coordination be-
2 tween all relevant service providers receiv-
3 ing Federal funding;

4 “(ii) coordination with transitioning
5 youth and the family of such transitioning
6 youth; and

7 “(iii) inclusion of the individualized
8 education program for the transitioning
9 youth, as prescribed in section 614 of the
10 Individuals with Disabilities Education Act
11 (20 U.S.C. 1414);

12 “(D) comprehensive approaches to
13 transitioning from existing school-based services
14 to those services available during adulthood, in-
15 cluding—

16 “(i) services that increase access to,
17 and improve integration and completion of,
18 post-secondary education, peer support, vo-
19 cational training (as defined in section 103
20 of the Rehabilitation Act of 1973 (29 U.S.C.
21 723)), rehabilitation, self-advocacy skills,
22 and competitive, integrated employment;

23 “(ii) community-based behavioral sup-
24 ports and interventions;

- 1 “(iii) community-based integrated resi-
2 dential services, housing, and transpor-
3 tation;
- 4 “(iv) nutrition, health and wellness,
5 recreational, and social activities;
- 6 “(v) personal safety services for indi-
7 viduals with autism spectrum disorder re-
8 lated to public safety agencies or the crimi-
9 nal justice system; and
- 10 “(vi) evidence-based approaches for co-
11 ordination of resources and services once in-
12 dividuals have aged out of post-secondary
13 education; and
- 14 “(E) proposals that seek to improve out-
15 comes for adults with autism spectrum disorder
16 making the transition from a school-based sup-
17 port system to adulthood by—
- 18 “(i) increasing the effectiveness of pro-
19 grams that provide transition services;
- 20 “(ii) increasing the ability of the rel-
21 evant service providers described in sub-
22 paragraph (C) to provide supports and
23 services to underserved populations and re-
24 gions;

1 “(iii) increasing the efficiency of service delivery to maximize resources and outcomes, including with respect to the integration of and collaboration among services for transitioning youth;

2 “(iv) ensuring access to all services necessary to transitioning youth of all capabilities; and

3 “(v) encouraging transitioning youth to utilize all available transition services to maximize independence, equal opportunity, full participation, and self-sufficiency.”.

4 **13 SEC. 7. AUTHORIZATION OF APPROPRIATIONS.**

5 Section 399EE of the Public Health Service Act (42 U.S.C. 280i-4) is amended—

6 (1) in subsection (a), by striking “fiscal years 7 2012 through 2014” and inserting “fiscal years 2015 8 through 2019”;

9 (2) in subsection (b), by striking “fiscal years 10 2011 through 2014” and inserting “fiscal years 2015 11 through 2019”; and

12 (3) in subsection (c), by striking “\$161,000,000 13 for each of fiscal years 2011 through 2014” and inserting “\$190,000,000 for each of fiscal years 2015 14 through 2019”.

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